

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) FRED JONAS
Name

(2) 918 NE 119 ST
Address (number and street)
BISCAYNE PARK FL 33161
City, State, Zip Code

☐ Check here if address has changed

OFFICE USE ONLY
VILLAGE OF BISCAYNE PARK

RECEIVED

NOV 04 2016

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: _____

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10 / 22 / 16 To 11 / 3 / 16 Report Type: G3

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . _____

Loans \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , _____ , 0 . _____

In-Kind \$ _____ , _____ , 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 . _____

Transfers to Office Account \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , _____ , 0 . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 1000 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 285 . 00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) FRED JONAS

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X [Signature]
Signature

(Type name) FRED JONAS

☒ Candidate ☐ Chairperson (only for PC and PTY)

X [Signature]
Signature

VILLAGE OF BISCAYNE PARK

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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(1) Name FRED JONAS (2) I.D. Number NOV 04 2016

(3) Cover Period 10 / 22 / 16 through 11 / 3 / 16 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ /							
0							
/ /							
/ /							
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

RECEIVED

(1) Name FRED DONAS

(2) I.D. Number _____

(3) Cover Period 10 / 22 / 16 through 11 / 3 / 16(4) Page 1 of 1 NOV 04 2016

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
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